

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000815 1. Entity Name ICC AT CENTER PORT, LTD., LLLP					
Principal Place of Business 8725 NW 18TH TERRACE SUITE 204 MIAMI, FL 33172			Mailing Address 8725 NW 18TH TERRACE SUITE 204 MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-1008028			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DOUGLAS, PAUL 8725 NW 18TH TERRACE SUITE 204 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature by or on behalf of registered agent and title applicable					
9. Capital Contributions as Shown on record \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date 1,000.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000049595		STREET ADDRESS		
NAME	ICC CENTER PORT, INC.		CITY ST ZIP		
STREET ADDRESS	8725 NW 18TH TERRACE SUITE 204		STREET ADDRESS		
CITY ST ZIP	MIAMI, FL 33172		CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Paul Douglas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4-27-04 305-594-7730 Date Daytime Phone #		

STAPLE CHECK HERE